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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/587,873			ing Date 16/2007	☐ To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY 🛛				HER THAN ALL ENTITY
FOR			UMBER FI	.ED NU	MBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A	1	N/A		ı	N/A	
	SEARCH FEE (37 CFR 1 16(k), (i),	or (m))	N/A		N/A	1	N/A		ı	N/A	
	EXAMINATION FE (37 CFR 1,16(o), (p),		N/A		N/A		N/A		l	N/A	
TO' (37	CFR 1.16(i))		minus 20 = *			l	x s = 1		OR	x s =	
IND (37	EPENDENT CLAIM CFR 1.16(h))	IS	minus 3 = *			1	x \$ =		1	X S =	
	APPLICATION SIZE 37 CFR 1.16(s))	FEE shee is \$2 addi	ts of pap 50 (\$125 tional 50	pecification and drawings exceed 100 of paper, the application size fee due 0 (\$125 for small entity) for each nal 50 sheets or fraction thereof. See .C. 41(a)(1)(G) and 37 CFR 1.16(s).							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))									ı		
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL			TOTAL	L
APPLICATION AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY											
AMENDMENT	12/09/2010	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16())	* 37	Minus	37	= 0		X \$26 =	0	OR	X \$ =	
	Independent (37 CFR 1.16(h))	· 3	Minus	3	- 0		X \$110 =	0	OR	X \$ =	
	Application Size Fee (37 CFR 1.16(s))										
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)											
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16())		Minus		=		X \$ =		OR	x s =	
№	Independent (37 CFR 1 16(h))		Minus	***	-	l	x s =		OR	x s =	
Į.	Application Size Fee (37 CFR 1.16(s))								l		
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
									OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, write "O' in column 3. If the "Highest Number Previously Paid For' IN THIS SPACE is less than 2, enter "20". If the "Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For' (Total or independent) is the highest number found in the appropriate box in column 1. The "Highest Number Previously Paid For' (Total or independent) is the highest number found in the appropriate box in column 1. The Societies for information is exemble by "2 (FET IL 5) to information is an invested to obtain or estating a breefit the number shorts in the supple shorts in the suple shorts in the supple s											

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to life (and by the DSFT0 to process) an application. Confidentiality is governed by 35 US. of .22 and 37 CFR 1.14. This collection is estimated to bette 21 minutes to complete, including gathering preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete the form and/or supposetions for reducing this burden, should be sent to the Chief information Cliber. U.S. Patient and Trademark Office, U.S. Department of Commono. P.O. Box 1496, Alexandria, V. 2231-0. Dox 1496, 1409. DOX NOT SEND FEES OR COMPLETED FORMS TO THIS AUDIESS. SEND TO TO Commissioner for Patients, P.O. Box 1490, 1409. DOX NOT SEND FEES OR COMPLETED FORMS TO THIS